



R-9001-L (2/04)
Application for Certification of Incapable Wells
Gas Severance Tax
FORM SEV **G-2**

Louisiana Department of Revenue
P.O. Box 201, Baton Rouge, Louisiana 70821-0201

Telephone ()	Date	Name of applying company					Revenue Account Number		Reporting Company Number			Field Name		This column is for use by the Department of Revenue			
	Signature and title	Address: street number, city, state, ZIP					Production Month		*Method of producing code		1 - Flowing 2 - Gas lift	3 - Pumping 4 - Hydraulic lift	**Well classification code 1 - Oil well 2 - Gas well				
Lease and well name		Well number	Parish code	Conservation codes			Well serial number	Measure ment method	Daily avg. prod. during cal. month (MCF)	Well head pressure	*Prod. code	**Class code	No. of wells on reporting property		Taxpayer number		
	Field			Producer	Lease	Capable							In-capable				
Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.																	
			FOR OFFICE USE ONLY. These wells have been approved for incapable status effective:	Date													
Authorized signature																	